



Health Officer Inspection Report for Child Care Programs

THE APPLICANT COMPLETES THIS SECTION.

Child Care Program Name _____ Phone _____

Program Address _____

Applicant Name _____ Phone _____

Requesting approval to care for a maximum of _____ children, ages _____ to _____

(Maximum capacity subject to health officer approval, life safety/fire codes, and child care program licensing rules.)

THE HEALTH OFFICER *MUST* COMPLETE THE REMAINDER OF THIS FORM (2 pages)

He-C 4002	<u>Areas of inspection (unless specified please inspect indoor and outdoor space):</u>		<u>COMMENTS</u>
.14(a) & (b)	Does the indoor environment contain or pose any health conditions that may be hazardous to children, other than those listed below?	Y N	
.14(b)(12)	Are there adequate protections against insects (screens on windows/doors)?	Y N	
.14(b)(17)	Is the environment free of unclean conditions or disrepair?	Y N	
.14(b)(18)	Is the indoor environment free of damp conditions, visible mold/mildew, or musty odor?	Y N	
.14(e)	Was the building built prior to 1978?	Y N	
.14(b)(15)	If yes: Is there chipping/flaking/peeling paint?	Y N	
.14(h)	Is there information or evidence indicating the building may contain asbestos hazards?	Y N	
.14(j) & (k) .27(an)	Are all toxic materials stored separately from food items?	Y N	
.14(o)	Any pets? (If yes, list type in comments)	Y N	
.14(o)(1)	If there is a cat/dog, is current rabies documentation on file?	Y N N/A	
.14(o)(2) & (3)	Are pets, pets' living quarters, or litter boxes on food preparation or service surfaces?	Y N N/A	
.14(o)(3) & (4)	Are children exposed to pets' feces or urine, including litter boxes located where children play?	Y N N/A	
.14(p) & (w) .15(i)(3)	Is the child care space well ventilated, heated (at least 65°F) and lighted (including bathrooms)?	Y N	
.14(x)(8)	Is there information or evidence indicating the soil on the property may be contaminated with toxic chemical or substances?	Y N	
.14(ae)	Is the swimming or wading pool maintained in a clean and sanitary manner?	Y N	
.14(aj) & (ak)	Are trash containers where food or waste is disposed of covered and emptied regularly?	Y N	
.15(a)(1) & (2)	Is there running water under pressure available, and is the hot water between 60 - 120 degrees Fahrenheit?	Y N	
.15(a)(3)	Is the program on a city or town public water system? If No: Does the program have its own water supply with a U.S. EPA ID number issued by NH DES (Dept. of Environmental Services) on file?	Y N Y N	
.15(a)(4) & (5)	For programs with independent water supplies and not required to be registered with NH DES, has the water been tested and are the lab results on file for review?	Y N	

.15(b)	Is there functional sewage disposal facilities?	Y N	
.15(c) & (d) .15(i)	Are flush toilets and sinks (one per every 20 children) in working order, clean and sanitary?	Y N	
.15(j) & (k)	Are potty chairs and diaper changing areas away from food preparation/service areas and located adjacent to a hand washing sink?	Y N	
.19(s) & (t)	Are first aid supplies available, non-expired, & stored in a portable container?	Y N	
.19(ab) & (ad)	Is information for managing injuries/emergencies posted in a prominent location?	Y N	
.27(ap) & (aq)	Is refrigerator temperature at 41°F or lower, and freezer at 0°F or lower?	Y N	

APPROVAL STATUS (If either the maximum number of children or age range is blank, the CCLU will determine based on licensing rules and the fire inspector and/or zoning official limits.)

_____APPROVED for number of children requested above

_____APPROVED for a maximum of _____ children (if other than requested)

_____NOT APPROVED – please specify reasons for denial below

_____APPROVED with conditions (please specify what action(s) must be taken by the program and a **date** by which they must be completed)

COMMENTS:

Name of Health Officer

Signature

Date of Inspection

Town/City

Telephone

Alt. Telephone (optional)